

This form will need to be completed only if your child is taking the Credit by Exam for acceleration purposes

Eagle MountainSaginawMSD
PARENT/STUDENT
Refund Request

Student Name: _____

Student ID _____

Purpose for refund: Credit by Exam Refund

Amount Due: _____

Please select the refund method below:

____ Parent/Guardian will pick up the refund

____ Student will pick up the refund.

The deposit will be returned to the parent/student the last day of testing. By signing below, you acknowledge that you or your child will receive the cash deposit once he/she completes testing on the final day. Please sign, date, and have your child return this form with